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## APPLICANTS

Jacob Oshins, Seattle, WA;

Stephane G. Plante, Kirkland, WA;

*none*

\*\* CONTINUING DATA \*\*\*\*\*

*none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	WA	7	18	2
Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>			

## ADDRESS

23552

MERCHANT &amp; GOULD PC

P.O. BOX 2903

MINNEAPOLIS , MN

55402-0903

## TITLE

PCI bar target operation region

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 840		<input type="checkbox"/> 1.16 Fees ( Filing )
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